

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21426

FILED JUL 11 1941

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 421 West Excelsior Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether)
In this community 9 yrs (years, months or days)

3. (a) PRINT FULL NAME NANCY ELIZABETH KUNKLER CURTIS

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married 2 divorced Widowed
6. (b) Name of husband or wife Sam Curtis 6. (c) Age of husband or wife if alive 17 years
7. Birth date of deceased December 17 - 1862 (Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Edina Mo - Knox Co (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Samuel Kunkler
13. Birthplace unknown Germany (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth unknown
15. Birthplace unknown unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mary Carr

(b) Address Excelsior Springs, Mo.

17. (a) Crown Hill (b) Date thereof June 20 - 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Herbert Kope

(b) Address Excelsior Springs, Mo.

19. (a) June 20 - 1941 (b) Mrs R. M. Cracken (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Excelsior Springs (If outside city or town limits, write "RURAL")
(d) Street No. 421 West Excelsior Street (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1941 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from Feb 5 1941 to June 18 1941; that I last saw him alive on June 18 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction (angina) / Hypertension Duration 6 months
Due to hypertension
Due to recumbent (last ship)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work (e) Means of injury
23. Signature J. M. Cracken (M. D. or other) D
Address Excelsior Springs, Mo. Date signed

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Chas. Virgil Hope

Licensed Embalmer No.....

3950

P. O. Address.....

Excelsior Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

RECEIVED
District Health Officer No. 8,
District File Number
7-9-41
Date Filed

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 214126

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 84

1. PLACE OF DEATH

- (a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

3. (a) PRINT FULL NAME Nancy E. K. Curtis

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 1 If less than one day (hr) (min)

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name (City, town, or county) (State or foreign country)

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

- (b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Clay
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 421 W. Excelsior St.
(If rural, give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH Month June day 18 year 1941 hour 5:30 minute 0 M.

21. I hereby certify that I attended the deceased from Feb. 1941 to June 18 1941 that I last saw her alive on June 18 1941 and that death occurred on the date and hour stated above.

- Immediate cause of death. Duration

Gangrene of feet (dry) 6 mo

(Not applicable)

Due to Obstruction of blood vessels of feet

Due to Hypertension

Arteriosclerosis (back + hip)

Other conditions (Include pregnancy within 3 months of death)

Major findings: None to arteriosclerosis

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)

- (b) Date of occurrence

- (c) Where did injury occur? (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Excelsior Springs, Mo.

SUPPLEMENT

